

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space

1902

68 FEB 27 1934

1. PLACE OF DEATH *Leaves*
County *Monticome*
Township *Leaves*
City (No.) St. Ward)

Registration District No. *524*
Primary Registration District No. *5772A*

File No. *1934*
Registered No. *2*

2. FULL NAME *Wm Jackson Garrett*
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR, OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Anna Lee Garrett*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1871 May - 16*

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min.
62 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticome*

13. NAME *Green Wood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Helke Swinney*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Ralph Garrett*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt Zion* DATE *23* 19*34*

19. UNDERTAKER (ADDRESS) *Chas Fulkrich*

20. FILED *Jan 28 1934* *Ellis E Raikel* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 22* 19*34*

22. I HEREBY CERTIFY That I attended deceased from *Jan 2* 1934, to *Jan 22* 1934
I last saw him alive on *Jan 21* 1934 Death is said to have occurred on the date stated above, at *2 P.* m.
The principal cause of death and related causes of importance were as follows:

Acute Endocarditis
91A 156B
Other contributory causes of importance:
Chr. Muscular Rheumatism

Name of operation *4* Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Ellis E Raikel*, M. D.
(Address) *James town, Mo.*

